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NO. 576 P. 2/9

JUL 06 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Maino, et al.

Attorney Docket No.: ANDIP004/9009

Application No.: 10/034,367

Examiner: TESLOVICH, TAMARA

Filed: December 27, 2001

Group: 2137

Title: METHODS AND APPARATUS FOR
SECURITY OVER FIBRE CHANNEL

CERTIFICATE OF FACSIMILE TRANSMISSION:

I hereby certify that this correspondence is being transmitted by facsimile to the United States Patent and Trademark Office, Commissioner for Patents, Attn: Examiner Teslovich, Fax No. 571-273-8300, Alexandria, VA 22313-1450 on: July 6, 2006

Signed: _____

Joyce L. Ferreira

NOTICE OF APPEAL

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed May 31, 2006 finally rejecting Claims 26-50.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$250.00 (Small Entity) ☒ \$500.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply:

☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR

1.17(a)-(d)) for the total number of months checked below:

07/07/2006 NNGUYEN1 00000086 500388 10034367

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<u>Months</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input type="checkbox"/> one	\$120.00	\$ 60.00
<input type="checkbox"/> two	\$450.00	\$225.00
<input type="checkbox"/> three	\$1,020.00	\$510.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Total Fee Due

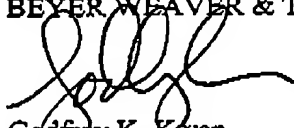
Notice of Appeal Fee	\$500.00
Extension Fee (if any)	\$

Total Fee Due	\$500.00
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☐ Enclosed is Check No. _____ in the amount of \$ _____.

☒ Charge the required fees or credit any overpayment to Deposit Account No. 500388, (Order No. ANDIP004).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


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